PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandra, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance fee notifica	tions.	herwise in Block 1, by (a lock I for any change of address)	orrespondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the				
, , , , , , , , , , , , , , , , , , , ,				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	7590 10/03	3/2006	ha	ive its own certificate	e of mailing or transmission.		
DARBY & DARBY P.C. 805 Third Avenue New York, NY 10022				Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
			Γ			(Depositor's name)	
			Г			(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	DR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/087,198 03/01/2002			Daryl Real	5407/IJ328-US1		8576	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU		E FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/03/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS		••••	¥7,0=1=00	
JAGOE, DONNA A		1614	514-184000				
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A	ication (or "Fee Address") 2 or more recent) attach ND RESIDENCE DATA	inge of Correspondence Indication form led. Use of a Customer	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney o 2 registered patent at listed, no name will the PATENT (print or the part of	a single firm (having as a member a new or agent) and the names of up to ent attorneys or agents. If no name is will be printed. attor type) Rec. 6/12/02: 9/24/02 R/F 013003/			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 0542/013329/0086 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Lonza Ltd. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Basel, Switzerland (Kansas State University Research Foundation (2) Manhattan, Kansas Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) (XX Issue Fee XX Publication Fee (N □ Advance Order - #	are submitted: lo small entity discount p	ermitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by eredit eard. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).				
5. Change in Entity Star a. Applicant claim	tus (from status indicated s SMALL ENTITY statu	•	□ b. Applicant is no lo	onger claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee and	d Publication Fee (if requ	uired) will not be accepted	d from anyone other than		stered attorney or agent; or t		
Authorized Signature Typed or printed name Jay P. Lessler			Date				
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C tiality is governed by 35 d application form to the ons for reducing this but (irginia 22313-1450. DC 13-1450.	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR (on is required to obtain on 1.14. This collection is a depending upon the ince the Chief Information Officompleted FORMS		he public which is to file (an minutes to complete, includi mments on the amount of ti Trademark Office, U.S. Dep 3. SEND TO: Commissioner	d by the USPTO to process) ng gathoring, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.